Dermatologic Therapy

Point and Counterpoint

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AS YOU KNOW, the theme of the 95th annual session of the California Medical Association is a musical one: "Current Concepts in Therapy—Point and Counterpoint." Perhaps my most apt greeting to you should be: welcome to our musical medical festival. Point and Counterpoint does, in fact, make a most provocative theme for a medical meeting. Devotees of Aldous Huxley will almost certainly relate point and counterpoint to his novel of that name, a novel in which he wove dissident ideas—or tunes, if you will—into a skillful portrayal of English society in the twenties. Huxley pitted one theme against the other. I prefer the classical concept of point and counterpoint in which it is defined as "the conveying of a mass of harmony by means of a combination of melodies."

And I think inevitably of Johann Sebastian Bach, the great master of counterpoint. No musician has ever surpassed him in bringing together and mingling one melody with another to achieve a magnificent and harmonious whole. His musical inventions are fundamentally mathematical and precisely scientific, yet he was able to touch the most formal musical structure with pure joy. His works have so much spiritual warmth that you feel a better person for having listened to them. Certainly *Baroque* music reaches its fullest expression in his hands, for he brought to it a remarkable combination of science and art.

Science and Art in Medicine

The analogy to the practice of medicine is obvious: To reach its fullest expression, medicine, too, requires a skillful combination of science and art. Let us look at our own field of dermatology, a branch of medicine coming rapidly to the forefront, and one which has recently seen great scientific gains. To apply our musical figure, in dermatology, we have a splendid scientific structure—a point and counterpoint of ever more effective scientific themes which we may use and combine.

In my own practice, for example, I use three methods of dermatologic therapy—three themes based on science: *First,* I use topical therapy which consists of appropriate creams, lotions or ointments. *Second,* I use internal medications—antibiotics, steroids and hormones. And for some patients I use mild sedatives with aspirin. *Third,* I use physical therapy consisting of wet dressings, cold or hot quartz ultraviolet light, or, if indicated, x-rays.

These are three good and proven methods that are available today for treating skin disorders. But used alone, or even in combination, they may prove quite inadequate. It is not enough to look at a patient's skin, dash off a prescription and say: "Rub this in three times a day and come back next week." For many patients, such treatment does not make music.

A fourth ingredient is needed—call it "psychological" therapy. Or, to keep our musical simile, our scientific therapy must be administered with art. And the art of medicine depends, in the last analysis, quite simply upon a love and understanding of human beings. The good physician must know that it is not a disease that walks into his office, but a person with a problem. Probably in no other field of medicine is this better demonstrated than in dermatology.

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Thinking About the Patient

Many questions must come to mind when a patient presents himself to the dermatologist. What made him come in the first place? Is he afraid he has cancer? Does he fear some contagious or infectious disease? Is he embarrassed about his appearance and afraid that others will think he has some dreadful condition? Or is he simply looking for relief from discomfort, from itching, burning or pain? What kind of person is he, anyway?

The answers to such questions as these come out best through the taking of a detailed history, and particularly through listening to what the patient says and *how* he says it. It is not hard to spot the neurotic patient, or the vague and evasive man who may be hiding a deeper fear. We are all familiar, too, with the atopic child who is all over the examining room while his mother unconsciously expresses her rejection of him. And who of us has not met the tense executive who is accustomed to giving the orders, and who wants the answers listed, one, two, three. And wants them *now!*

With good fortune, as you take the patient's history and examine him a specific scientific answer comes to mind. And with even better fortune, a bar or two of melody presents itself. Like the good musician, you sense what art you must add to make your patient a whole and harmonious human being. Perhaps he needs assurance—one of the most divine gifts that we can give—or a soft or soothing word. Or he may respond better to a sure and authoritative manner and a direct admonition.

The great William Mayo was not only a fine physician but a master in treating people. He was known to change his manner and method of handling patients completely as he went from room to room in the hospital. With one patient he would be stern, autocratic and quite unsympathetic. With the next, no one could match his kindness and understanding or the words of hope and encouragement he offered. He knew how to reach a person, and he knew what approach would get the best results with each of his patients. Quite simply, he knew the art of practicing medicine. The students he taught never forgot him.

At the time that Mayo taught and practiced, the scope of scientific medicine was limited. With less scientific information to acquire, the student had time to learn the art of practicing medicine from his teacher, either at the bedside or as a preceptee. Today, the emphasis has shifted almost completely, and a student is occupied more and more with learning the scientific aspects of his specialty. And he is given less and less of the art of treating and understanding people—indeed, in some cases he is left almost on his own to come by it.

No one would deny the importance of our recent scientific achievements in medicine. They are all to the good. Twenty—or even 15—years ago, we had to depend too much on guesswork, for lack of positive knowledge. Certainly we welcome the new drugs, the hormones and the great advances in pathology, chemistry and radiobiology—and we cannot begrudge the time needed to learn about them. But even as all work and no play makes Jack a dull boy, all science and no art can turn out a practicing physician with a tremendous gap in his knowledge. He may be ill-equipped to provide the kind of treatment that will best care for people.

Once again I am reminded of Bach. How many of his contemporaries followed the intricate and demanding rules of point and counterpoint and wrote down the correct notes? Certainly there were scores, perhaps hundreds. But because they lacked art and the ability to make music out of the notes they used, they fell short of greatness. No one remembers them: They added little to their chosen field or to the world.

Patients of a New Order

The ascendancy of science and the consequent shift in emphasis in medical training is certainly a major and challenging change in today's medicine. But it is not the only one facing us. Even as we seek to keep art in the practice of medicine, we have to recognize that our own role has changed, too. Gone are the days when the physician was considered second only to God, and when the practice of medicine was regarded with reverence and even awe. The mysteries of medicine are no more. Our scientific advances have been dramatic, often spectacular, and they make for excellent copy. A great many people are now up to the minute on the newest and best, the latest and most sensational treatments. They have read all about them in such popular "medical" journals as *Time, Life* and the *Reader's Digest.* We have to face the fact that today a patient's knowledge of medicine may be quite broad, if very shallow. And this can, indeed, be a dangerous thing. The dermatologist may find himself having to defend his own diagnosis to his patient. For the patient may have already diagnosed his own disease and decided on the treatment he wants.

Quite patently, it is no longer possible to tell a patient what to do and give him no explanation of his condition. Actually, I think this is for the best. I believe in giving the patient the facts pertinent to his case. It's his disease, and he's entitled to know what he can expect from it. The explanation given him should be one that he can understand. And he should be told the prognosis, if he asks for it.

Suppose, however, that you don't yourself know the answers, or the prognosis. Such moments—moments when both science and art desert us—are bound to come to all of us. We may take the most comprehensive history, listen to the man intently, examine him closely, and still get no glimmer. What then?

I think twice before I tell a patient of such a quandary. It is not only my own intelligence that might come into question, but medicine itself. And it can hardly be reassuring to the patient. In such circumstances, it is honest to explain to the patient that his dermatosis has some unusual features, that it could be one of two or three conditions, that in order to establish a diagnosis special laboratory tests are needed, and that, until they are completed, specific treatment should wait.

The late Nelson Paul Anderson admitted, after years of successful practice, that he made numerous unnecessary potassium hydroxide preparations for fungi simply because it gave him time to think while he sat at his microscope. I believe this is a highly legitimate, even scientific, method of gaining the time we may need to put our art to use.

The Influence of Medicare

I cannot close without mentioning another major change that is facing us—Medicare. I believe that it presents us with one of the greatest challenges in medical history.

Whatever else it may bring, the arrival of the Federal Government on the field of medical practice is bound to bring a challenge to the physician-patient relationship. And this is the very aspect of medical practice that depends so much upon the understanding—and the art—of the practitioner. We may find bureaucracy coming between us and our patients, and lurking in the door of the consulting room as a third party. Impersonality may be hard to avoid when there are large numbers of persons seeking medical care. But avoid it we must. Now, more than ever before, we need to remember the importance and dignity of the patients we care for.

While we live and practice medicine in this period of challenging and demanding change, and while medicine itself is deep in the throes of this change, there are certain essentials that remain the same. Human beings are still human beings. To care for them and to cure them of their ills can be the most rewarding thing in life. Medicine still demands both science and art. And medicine will continue to demand both science and art—the magic point and counterpoint. As we ourselves may feel after listening to a Bach cantata, let us aim to have our patients leave our hands feeling better people for having come to us.